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6

Number of Pages (including this page)

Date: December 3, 2004  
To: Examiner Ly, Nghi H.- Art Unit 2686  
Location: United States Patent and Trademark Office  
Fax No.: 703-872-9306 Centralized Facsimile Number  
From: Barbara R. Doutre REG. NO. 39,505  
Subject: Serial No.: 09/596,442 Docket No.:CM03017J

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**MESSAGE:**

Enclosed herewith, please find **REQUEST FOR EXTENSION OF TIME and NOTICE OF APPEAL** for filing in the below-identified application.


<b>EXAMINER:</b>	Ly, Nghi H.
<b>ART UNIT:</b>	2686
<b>APPLICATION SERIAL NO.:</b>	09/596,442
<b>FILE DATE:</b>	June 15, 2000
<b>INVENTORS:</b>	Perkins et al

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/596,442	
	Filing Date	June 15, 2000	
	First Named Inventor	PERKINS, ET AL.	
	Group Art Unit	2686	
	Examiner Name	LY, NGHI H.	
Total Number of Pages in this Submission	5	Attorney Docket Number	CM03017J

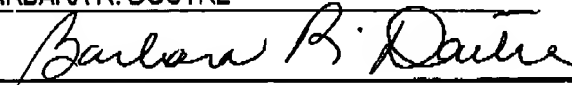
  

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Interview Summary
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	BARBARA R. DOUTRE	Registration No.	39,505
Signature			
Date	December 3, 2004		

CERTIFICATE OF TRANSMITTAL/MAILING/FAX			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number <u>703-872-9306</u> or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	BARBARA R. DOUTRE		
Signature		Date	December 3, 2004

FEE TRANSMITTAL		Application Number	
Patent fees are subject to annual revision		09/596,442	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	
		June 15, 2000	
		First Named Inventor	
		PERKINS, MATTHEW R.	
		Examiner Name	
		LY, NGHI H.	
		Group Art Unit	
		2686	
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	
(\$) <b>340.00</b>		CM03017J	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="margin-left: 40px;">           Deposit Account Number: <b>502117</b>            Deposit Account Name: <b>Motorola, Inc.</b> </div> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3 style="text-align: center;">3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2080</td><td>2255</td><td>1040</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number CM03017J
I hereby certify that this correspondence is being transmitted by facsimile addressed to "Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450" on: December 3, 2004  Signature <u><i>Barbara Dautre</i></u> Typed or printed name <u>Barbara Dautre</u>	In re Application of PERKINS, ET AL.	
	Application Number <u>09/596,442</u>	
	Filed <u>June 15, 2000</u>	
	For <u>ADAPTIVE CHANNEL ACCESS SCHEME</u>	
	Art Group <u>2686</u>	
Examiner <u>NGHI H. LY.</u>		RECEIVED CENTRAL FAX CENTER DEC 03 2004
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>340.00</u>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____  <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a Fee Transmittal in duplicate. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 502117. I have enclosed a Fee Transmittal in duplicate. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)  <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39,505</u>  <input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____		
<u><i>Barbara R. Dautre</i></u> Signature  <u>BARBARA R. DOUTRE</u> Typed or printed name  <u>954-723-6449</u> Telephone number  <u>December 3, 2004</u> Date		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input checked="" type="checkbox"/> * Total of <u>1</u> forms are submitted.		

This collection of information is required by 37 CFR 1.91. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.